

<i>SERFF Tracking Number:</i>	<i>CMIC-125692097</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Cameron Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>N/A</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2021 Personal Umbrella & Excess</i>
<i>Product Name:</i>	<i>Personal/Farm Umbrella</i>		
<i>Project Name/Number:</i>	<i>Automation/N/A</i>		

Filing at a Glance

Company: Cameron Mutual Insurance Company

Product Name: Personal/Farm Umbrella	SERFF Tr Num: CMIC-125692097	State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.2021 Personal Umbrella & Excess	Co Tr Num: N/A	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi
	Author: Sheila Andrew	Disposition Date: 06/13/2008
	Date Submitted: 06/11/2008	Disposition Status: Approved
Effective Date Requested (New): 08/01/2008		Effective Date (New): 08/01/2008
Effective Date Requested (Renewal): 08/01/2008		Effective Date (Renewal): 08/01/2008

State Filing Description:

General Information

Project Name: Automation	Status of Filing in Domicile: Pending
Project Number: N/A	Domicile Status Comments: N/A
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 06/13/2008	
State Status Changed: 06/13/2008	Deemer Date:

Corresponding Filing Tracking Number: N/A

Filing Description:

Cameron Mutual Insurance Company (CMIC) submits for review new and revised forms for our Personal/Farm Umbrella automation project. In this filing we have added three new forms and modified three that were previously approved. Details of those changes follow. The forms are in final printed format.

Special Notes:

<i>SERFF Tracking Number:</i>	<i>CMIC-125692097</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Cameron Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>N/A</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2021 Personal Umbrella & Excess</i>
<i>Product Name:</i>	<i>Personal/Farm Umbrella</i>		
<i>Project Name/Number:</i>	<i>Automation/N/A</i>		

- Personal Umbrella application and Farm Umbrella application - new applications for our Personal/Farm Umbrella Program. The applications are generated by our computer rating system. The applications are a hybrid developed from our computer entry screens and the signature section of the ACORD Umbrella application.
- UL104 - a dec schedule. We inadvertently failed to include in this form in the the initial forms filing.
- UL 08 84 and UL 08 88 – These two forms have been reformatted to accomodate our automated system. Two copies of these endorsements have been included – one with a blank signature lines and one with“Signature(s) on File” verbiage. The form with blank line will be signed by the Named Insured(s). After receipt of that form, the form with “Signature(s) on File” will be furnished to insured and agent.
- UL 08 86 – This form was reformatted to accomodate our automated system.

Company and Contact

Filing Contact Information

Sheila Andrew, Research & Compliance Specialist	sandrew@cameron-insurance.com
214 McElwain Drive	(800) 326-6511 [Phone]
Cameron, MO 64442-1321	(816) 632-1022[FAX]

Filing Company Information

Cameron Mutual Insurance Company	CoCode: 15725	State of Domicile: Missouri
214 McElwain Drive	Group Code: 532	Company Type: Property & Casualty
Cameron, MO 64429-1321	Group Name:	State ID Number:
(800) 326-6511 ext. [Phone]	FEIN Number: 44-0447850	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	

<i>SERFF Tracking Number:</i>	<i>CMIC-125692097</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Cameron Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>N/A</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2021 Personal Umbrella & Excess</i>
<i>Product Name:</i>	<i>Personal/Farm Umbrella</i>		
<i>Project Name/Number:</i>	<i>Automation/N/A</i>		
Per Company:	No		

<i>SERFF Tracking Number:</i>	<i>CMIC-125692097</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Cameron Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>N/A</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2021 Personal Umbrella & Excess</i>
<i>Product Name:</i>	<i>Personal/Farm Umbrella</i>		
<i>Project Name/Number:</i>	<i>Automation/N/A</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Cameron Mutual Insurance Company	\$50.00	06/11/2008	20796167

<i>SERFF Tracking Number:</i>	<i>CMIC-125692097</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Cameron Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>N/A</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2021 Personal Umbrella & Excess</i>
<i>Product Name:</i>	<i>Personal/Farm Umbrella</i>		
<i>Project Name/Number:</i>	<i>Automation/N/A</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	06/13/2008	06/13/2008

<i>SERFF Tracking Number:</i>	<i>CMIC-125692097</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Cameron Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>N/A</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2021 Personal Umbrella & Excess</i>
<i>Product Name:</i>	<i>Personal/Farm Umbrella</i>		
<i>Project Name/Number:</i>	<i>Automation/N/A</i>		

Disposition

Disposition Date: 06/13/2008

Effective Date (New): 08/01/2008

Effective Date (Renewal): 08/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	CMIC-125692097	State:	Arkansas
Filing Company:	Cameron Mutual Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	N/A		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2021 Personal Umbrella & Excess
Product Name:	Personal/Farm Umbrella		
Project Name/Number:	Automation/N/A		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Arkansas Commercial Umbrella Application	Approved	Yes
Form	Arkansas Farm Umbrella Application	Approved	Yes
Form	Umbrella Liability Schedule	Approved	Yes
Form	Exclusion of Named Driver Endorsement	Approved	Yes
Form	Watercraft Exclusion Endorsement	Approved	Yes
Form	Exclusion of Named Driver Endorsement (Watercraft)	Approved	Yes

SERFF Tracking Number: CMIC-125692097 State: Arkansas

Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: N/A

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2021 Personal Umbrella & Excess

Product Name: Personal/Farm Umbrella

Project Name/Number: Automation/N/A

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Commercial Umbrella Application	N/A	N/A	Application/ New Binder/Enrollment		0.00	AR-Commercial Umbrella.pdf
Approved	Arkansas Farm Umbrella Application	N/A	N/A	Application/ New Binder/Enrollment		0.00	AR-FarmUmbrella.pdf
Approved	Umbrella Liability Schedule	UL104	(08-08)	Declaration New s/Schedule		0.00	UL104.pdf
Approved	Exclusion of Named Driver Endorsement	UL 08 84	08 08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 UL 08 84 08 08 Previous Filing #:		UL 08 84.pdf
Approved	Watercraft Exclusion Endorsement	UL 08 86	08 08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 UL 08 86 08 08 Previous Filing #:		UL 08 86.pdf
Approved	Exclusion of Named Driver Endorsement (Watercraft)	UL 08 88	08 08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 UL 08 88 08 08 Previous Filing #:		UL 08 88.pdf

Cameron Mutual Insurance Company
Cameron, MO 64429-1321
Commercial Umbrella Application

Applicant Address SMITHS FISHING TACKLE
678 N MAIN ST
CAMERON, MO 64429-1755
Phone 816-321-6547

Agency Agent Cameron Mutual Home Office
Kim Allie
1002-179
Phone 816-632-6511

Entity Type CORPORATION LLC

Policy Number CUL 7500050080
Program Commercial Umbrella
Term 12 months
Submitted Unbound

Policy Effective Date 08/01/2008
Policy Expiration Date 08/01/2009
Remittance Amount \$0.00

Rating State AR
Rating County Garland
Location Suburban

Underlying Policies

Company Name	Policy Number	Effective Date	Expiration Date	Limits of Liability
CIC	GL 123456789	08/01/2008	08/01/2009	500,000 / 1,000,000 / 1,000,000
CIC	BA 789456123	08/01/2008	08/01/2009	500,000

Coverage Information

Limit of Liability:	\$3,000,000	each occurrence	\$3,000,000	aggregate
Self Insured Retention:	\$10,000			

Exposure Description	Exposure(s)
BA 789456123 PRIVATE PASS TYPE SUBURBAN 500000 UNDR LIMIT	350.00 1
GL 123456789 PREMISE/PRODUCT1C LOW HAZARD 500/1MM UNDR LIMIT (18206 - Sporting Goods (no sale of guns or ammunition))	600.00 INCL

Endorsements

UL0861 - Automobile Liability Follow Form
UL0866 - Liability Limitation

Estimated Full Term Premium \$1,500.00

Final Premium to be determined by the company.

This Application was created using rates in effect at the time it was produced. No coverages are granted by this Application. Final Premium subject to verification of all information and rates in effect at the time of the policy effective date.

Endorsement Details

UL0866 - Liability Limitation
No Variable
Information

Underwriting

Has any product, work, accident or location been excluded, uninsured or self insured from any previous coverage?	No	Does the applicant have items in their care, custody or control?	No
Is the applicant held harmless, have a waiver of subrogation or is a named insured on another policy?	No	Does applicant own, rent or otherwise use cranes?	No
Do subcontractors carry coverages or limits less than the insured?	No	Are any products used/installed in aircraft?	No
Is there any aircraft or watercraft exposure?	No	Are there any exclusions and/or limitation endorsements (manual or manuscript) attached to the underlying policy?	No
Do current or past products or their components contain hazardous materials that may require special disposal methods?	No	Any product liability losses?	No
Any alcoholic beverages served or sold? If yes, who provides Liquor Liability coverage? (Liquor liability exclusion will automatically apply if yes answer)	No	Are there any pools without boards or slides?	No
Are there any pools with boards or slides?	No	Are there any hot tubs/whirlpools?	No
Are any explosives, caustics, flammables, or other dangerous cargo hauled?	No	Does the applicant use owned autos for business that are not registered under the business name?	No

Are passengers carried for a fee?

No

Any units not insured by the underlying policy?

No

Are any vehicles leased or rented to others?

No

Are hired and non-owned coverages provided?

No

Any tractor/trailer exposure?

No

Is your business a courier or delivery business?

No

Any single claim, including reserve, exceed \$50,000 under general liability or auto?

No

Describe typical jobs performed.

SELL FISHING TACKLE AND BAIT NO REPAIRS ARE DONE

Describe agreement/contract.

NONE

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA, and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE , INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON, AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IMPORTANT – THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

I ACKNOWLEDGE THAT REGARDLESS OF WHETHER I REMIT PAYMENT WITH THIS APPLICATION, MY INSURANCE AGENT DOES NOT HAVE AUTHORITY TO ISSUE A COVERAGE BINDER FOR ANY UMBRELLA POLICY FOR WHICH I AM APPLYING, AND I WILL NOT HAVE UMBRELLA COVERAGE UNLESS AND UNTIL A POLICY IS OFFICIALLY ISSUED BY THE COMPANY TO WHICH THIS APPLICATION IS SUBMITTED.

APPLICANT'S SIGNATURE	DATE
-----------------------	------

ACORD 131 (2007/09)

Cameron Mutual Insurance Company
Cameron, MO 64429-1321
Farm Umbrella Application

Applicant JOE F SMITH
JANE C SMITH
Address 678 N MAIN ST
CAMERON, MO 64429-1755
Phone 816-456-7890

Agency Cameron Mutual Home Office
Agent Kim Allie
1002-179
Phone 816-632-6511

Entity Type INDIVIDUAL

Applicant Occupation FARMER

CoApplicant Occupation DOMESTIC ENGINEER

Policy Number FUL 7500030058
Program Farm Umbrella
Term 12 months
Submitted Unbound

Policy Effective Date 08/01/2008
Policy Expiration Date 08/01/2009
Remittance Amount \$0.00

Rating State AR
Rating County Garland
Location Rural

Underlying Policies

Company Name	Policy Number	Effective Date	Expiration Date	Limits of Liability
CIC	FP 789456123	08/01/2008	08/01/2009	300,000 / 600,000
CIC	BA 456879123	08/01/2008	08/01/2009	250,000 / 500,000 / 100,000

Coverage Information

Limit of Liability:	\$2,000,000	each occurrence	\$2,000,000	aggregate
Self Insured Retention:	\$250			

Exposure Description	Exposure(s)
BA 456879123	
EACH UNLICENSED RECREATIONAL VEHICLE 300000 UNDERLYING LIMIT	1
EACH PRIVATE PASSENGER AUTO OR MOTORCYCLE 300000 UNDERLYING LIMIT	2
EACH LIGHT TRUCK 300000 UNDERLYING LIMIT	1
FP 789456123	
FIRST 500 ACRES 300000 UNDR LIMIT	1
EACH ADDITIONAL 500 ACRES UP TO 5000 ACRES 300000 UNDERLYING LIMIT	2000
PERSONAL LIABILITY EXTENSION OR ADDITIONAL INSURED OCCUPYING SEPARATE RESIDENCE ON FARM 300000 UNDERLYING LIMIT	1
EACH ADDITIONAL RESIDENCE PREMISES OCCUPIED BY THE INSURED 300000 UNDERLYING LIMIT	1
EMPLOYERS LIABILITY FARM EMPLOYEES EACH FULL OR PART TIME EMPLOYEE 300000 UNDERLYING LIMIT	1

Endorsements

UL0861 - Automobile Liability Follow Form

Estimated Full Term Premium \$564.00

Final Premium to be determined by the company.

This Application was created using rates in effect at the time it was produced. No coverages are granted by this Application. Final Premium subject to verification of all information and rates in effect at the time of the policy effective date.

Underwriting

Any aircraft owned, leased, chartered or furnished for regular use?	No	Any operators convicted for any traffic violations during the last 3 years?	No
Any operator have physical/mental impairments? Not applicable in WI	No	Any swimming pool on premises?	No
Does the applicant have a swimming pool with a diving board?	No	Does the applicant have a swimming pool with a slide?	No
Any real estate, vehicles, watercraft, aircraft used commercially or for business purposes?	No	Any real estate, vehicles, watercraft, aircraft, owned, hired, leased or regularly used, not covered by primary policies?	No
Any pending litigation, court proceedings or judgements?	No	Has the applicant ever been sued for libel or slander or present a moral or morale hazard?	No
Do you hold any non-compensated positions?	No	Any non-owned property exceeding \$1,000 in value, in your care, custody or control?	No

Any business and/or professional activities included in the primary policies?

No

Does any primary policy have reduced limits of liability or eliminate coverage for specific exposures?

No

Any coverage declined, cancelled or non renewed during the last 5 years? Not applicable in MO

No

Does applicant or any tenant have any animals or exotic pets?

No

Is the applicant owner/operator of "high powered" sports car? Refers to a car whose performance has been modified by someone other than the original manufacturer

No

Is the applicants occupation: politician, labor leader, entertainer, newspaper reporter, writer, editor or publisher, competitive racer, or any high profile public figure?

No

Are there any exclusions on any of the underlying policies that need to be excluded on the umbrella?

No

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states, consult your agent or broker for your state's requirements.)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA, and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON, AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

I ACKNOWLEDGE THAT REGARDLESS OF WHETHER I REMIT PAYMENT WITH THIS APPLICATION, MY INSURANCE AGENT DOES NOT HAVE AUTHORITY TO ISSUE A COVERAGE BINDER FOR ANY UMBRELLA POLICY FOR WHICH I AM APPLYING, AND I WILL NOT HAVE UMBRELLA COVERAGE UNLESS AND UNTIL A POLICY IS OFFICIALLY ISSUED BY THE COMPANY TO WHICH THIS APPLICATION IS SUBMITTED.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

ACORD 83 (2007/09)

**UMBRELLA LIABILITY
SCHEDULE**

Named Insured:

Cov	Description of Coverage	State	Exposure Basis
No.			Exposure

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF NAMED DRIVER ENDORSEMENT

Policy Number:

Company: **Shown on the Declarations Page**

In consideration of the **Company** issuing or continuing the policy listed above in force, it is agreed that the insurance afforded by said policy shall not apply with respect to any claim arising from accidents which occur while any auto or "miscellaneous type vehicle" is being operated or used by, or with the permission of, or under the care, custody or control of a Named Driver(s). This endorsement becomes effective at the same time and date of said policy, unless a different time and date are listed below.

I reject Uninsured Motorist coverage for the Named Driver(s) as an operator of any auto or "miscellaneous type vehicle".

It is further agreed that a photocopy or photostat copy of this Restriction shall be considered as effective and valid as the original when attached to the above-numbered policy and any subsequent reissue of said policy.

NAMED DRIVER(S)

Named Insured(s) Signature(s)

Date Signed

Signature(s) on File

Signature(s) on File

(Signature(s) of All Named Insured(s) Required)

Alternative Effective Time and Date:

This endorsement becomes effective _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF NAMED DRIVER ENDORSEMENT

Policy Number:

Company: **Shown on the Declarations Page**

In consideration of the **Company** issuing or continuing the policy listed above in force, it is agreed that the insurance afforded by said policy shall not apply with respect to any claim arising from accidents which occur while any auto or "miscellaneous type vehicle" is being operated or used by, or with the permission of, or under the care, custody or control of a Named Driver(s). This endorsement becomes effective at the same time and date of said policy, unless a different time and date are listed below.

I reject Uninsured Motorist coverage for the Named Driver(s) as an operator of any auto or "miscellaneous type vehicle".

It is further agreed that a photocopy or photostat copy of this Restriction shall be considered as effective and valid as the original when attached to the above-numbered policy and any subsequent reissue of said policy.

NAMED DRIVER(S)

Named Insured(s) Signature(s)

Date Signed

(Signature(s) of All Named Insured(s) Required)

Alternative Effective Time and Date:

This endorsement becomes effective _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WATERCRAFT EXCLUSION ENDORSEMENT

This insurance does not apply with respect to any claim arising out of ownership, maintenance, operation, use, loading or unloading or entrustment to others of any watercraft listed in the Schedule below.

SCHEDULE

All other provisions of this policy apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF NAMED DRIVER ENDORSEMENT (WATERCRAFT)

Policy Number:

Company: **Shown on the Declarations Page**

In consideration of the **Company** issuing or continuing the policy listed above in force, it is agreed that the insurance afforded by said policy shall not apply with respect to any claim arising from accidents which occur while any watercraft is being operated or used by, or with the permission of, or under the care, custody or control of a Named Driver(s). This endorsement becomes effective at the same time and date of said policy, unless a different time and date are listed below.

I reject Uninsured Boaters coverage for the Named Driver(s) as an operator of any watercraft.

It is further agreed that a photocopy or photostat copy of this Restriction shall be considered as effective and valid as the original when attached to the above-numbered policy and any subsequent reissue of said policy.

NAMED DRIVER(S)

Named Insured(s) Signature(s)

Date Signed

Signature(s) on File

Signature(s) on File

(Signature(s) of All Named Insured(s) Required)

Alternative Effective Time and Date:

This endorsement becomes effective _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF NAMED DRIVER ENDORSEMENT (WATERCRAFT)

Policy Number:

Company: **Shown on the Declarations Page**

In consideration of the **Company** issuing or continuing the policy listed above in force, it is agreed that the insurance afforded by said policy shall not apply with respect to any claim arising from accidents which occur while any watercraft is being operated or used by, or with the permission of, or under the care, custody or control of a Named Driver(s). This endorsement becomes effective at the same time and date of said policy, unless a different time and date are listed below.

I reject Uninsured Boaters coverage for the Named Driver(s) as an operator of any watercraft.

It is further agreed that a photocopy or photostat copy of this Restriction shall be considered as effective and valid as the original when attached to the above-numbered policy and any subsequent reissue of said policy.

NAMED DRIVER(S)

Named Insured(s) Signature(s)

Date Signed

(Signature(s) of All Named Insured(s) Required)

Alternative Effective Time and Date:

This endorsement becomes effective _____

SERFF Tracking Number:	CMIC-125692097	State:	Arkansas
Filing Company:	Cameron Mutual Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	N/A		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2021 Personal Umbrella & Excess
Product Name:	Personal/Farm Umbrella		
Project Name/Number:	Automation/N/A		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	06/13/2008
-------------------------	--	-----------------------	----------	------------

Comments:

Attachment:

PCT Arkansas Personal-Farm Umbrella Forms 08-01-08.pdf

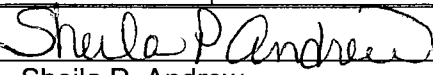
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3.	Group Name	Group NAIC #			
		0532			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Cameron Mutual Insurance Company	MO	15725	44 0447850	

5.	Company Tracking Number	SERFF - CMIC-125692097
-----------	--------------------------------	-------------------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Sheila P. Andrew 214 McElwain Drive Cameron, MO 64429	Research & Compliance Specialist	800-326-6511 x371	816-632-1022	sandrew@cameron-insurance.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Sheila P. Andrew		

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	17.2 Other Liability - Occurrence Only
10.	Sub-Type of Insurance (Sub-TOI)	17.2021 Personal Umbrella & Excess
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Personal/Farm Umbrella
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: August 1, 2008 Renewal: August 1, 2008
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	June 11, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	SERFF - CMIC-125692097
------------	--	-------------------------------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

Cameron Mutual Insurance Company (CMIC) submits for review new and revised forms for our Personal/Farm Umbrella automation project. In this filing we have added three new forms and modified three that were previously approved. Details of those changes follow. The forms are in final printed format.

Special Notes:

- Personal Umbrella application and Farm Umbrella application - new applications for our Personal/Farm Umbrella Program. The applications are generated by our computer rating system. The applications are a hybrid developed from our computer entry screens and the signature section of the ACORD Umbrella application.
- UL104 - a dec schedule. We inadvertently failed to include in this form in the initial forms filing.
- UL 08 84 and UL 08 88 – These two forms have been reformatted to accommodate our automated system. Two copies of these endorsements have been included – one with a blank signature lines and one with “Signature(s) on File” verbiage. The form with blank line will be signed by the Named Insured(s). After receipt of that form, the form with “Signature(s) on File” will be furnished to insured and agent.
- UL 08 86 – This form was reformatted to accommodate our automated system.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
SERFF EFT Amount: \$50 Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.	

*****Refer to the each state’s checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	SERFF - CMIC-125692097
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Personal Umbrella Computer Generated Application	N/A	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Farm Umbrella Computer Generated Application	N/A	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Umbrella Liability Schedule	UL104 08 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Exclusion of Named Driver Endorsement	UL 08 84 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UL 08 84 08 08	
05	Watercraft Exclusion Endorsement	UL 08 86 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UL 08 86 08 08	
06	Exclusion of Named Driver Endorsement (Watercraft)	UL 08 88 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UL 08 88 08 08	
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
15			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
16			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		